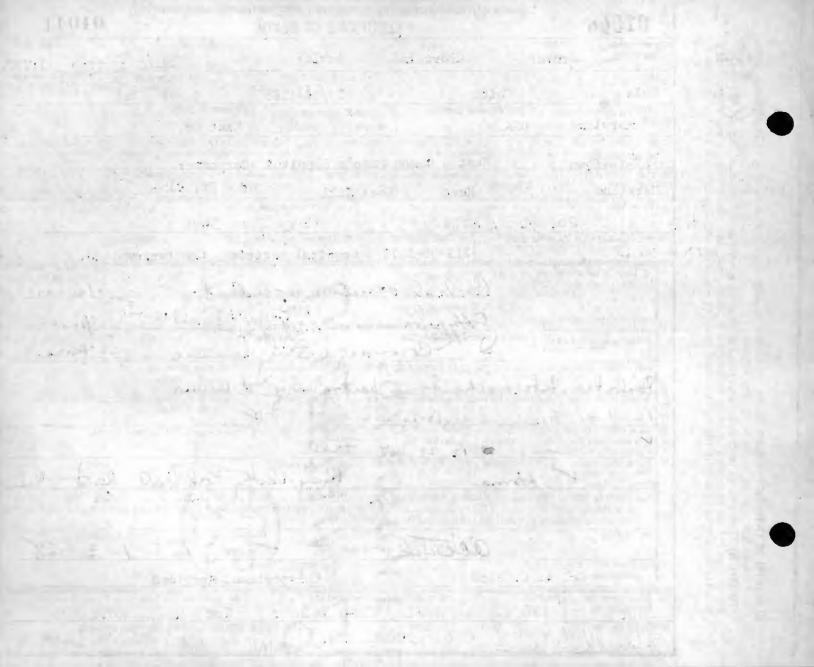
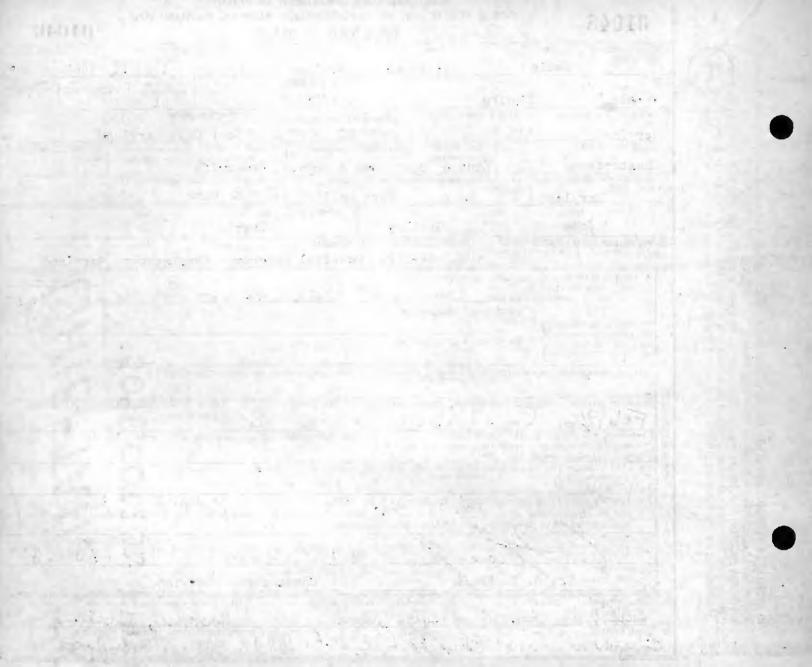
1		01046	DIVISION OF			RESTON STREET, BALT	IMORE, MAR	YLAND 21201	0104	14
n & ALDE		ECEASED-NAME First		Middle	-	Lost	20. DATE OF			2b. HOUR
deal	-{1	Ype or print) Grove	er	Cleveland	1	Ashley		Month Day	1968	3:25PM
ē = 5	3. SE		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
		Male	White			12/03/1886		6. AGE (In years lost birthdoy) 81 YRS.	MONTHS DAYS	HOURS MIN.
	70. 6		76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
d in pers	_	Maryland	USA		WIDOWED	DIVORCED	Kent C	0.		Md.
ii	1	TITY OR TOWN OF DEATH	11. NA	AME OF HOSPITAL OR INS street oddress)	TITUTION (If r			Kind of work done fe, even if retired.)	12b. KIND OF I	BUSINESS OR
with vital bar bar		Chestertown	Ke	nt & Oueen	Anne	's Hospital	Carpent	er	INDUSTRY	
mple cal	130.	USUAL RESIDENCE (Where deceos ssion) STATE Tary Land	19L COUNTY			VEC - NO		EET AND NUMBER		
carr carr iy e.				Kent	Rock :	Hall				
and rem	14. 1	ATHER'S NAME First	Middle	Lost	1	S. MOTHER'S MAIDEN NAME F		Middle		Lost
e b ase ndii	160	WAS DECEASED EVER IN U.S. ARN	ph A. A	16b. SOCIAL SECURITY N	10 117	Matey Ja	ne_Bec	Address		
ficat ysici ple 1, a	γ	es, no, or unknown) (Il yes give w	or or dates of service)	215-05-98		lospital Reco	ada CL		MA	
ph ph						OSPICAL RECO	tus Ci	estertown		ATÉ INTERVAL ISET AND DEATH
ding rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	BY: / U	ge for (a), (b), and (c).)	100	0	0 2			f .
deo fren fren fren fren fren fren fren fren		1117 A IMMEDIA	TE CAUSE (o)	nornax	varie	Jas acci	sku)	+	16	ves:
the a		Conditions, if ony, which gove	DUE TO, OR A	S A CONSEQUENCE OF	-	Most Aa	NO Mai	but county	11.	
hat y #		rise to immediate couse (o),	DUE TOU OR A	S A SONSEQUENCE OF	VI TON	~ White	My 21.	,	year	Δ
bing PHYSICIAN: The law requires that the deoth certificate be executed within 24 haussett by the haspital or attending physician. After this certificate has been signed by the attending physician and campletely filled in by time be detached far use as the burial-transit permit. Then please remove carban papers. Pages State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 hours aft		stoting the underlying couse lost.	(C ₍₁₎	Coz	onas	a copera	1	. 0	Year	M-2
physign, surice ourice		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO	OTHE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(o)	-	
ng l en s he k ta b	Z	Deals tas " In	In Lear	handra-	bar	ture weekey to	of James	4.0		
law law	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WH	ICH OPERATION WAS PER		20o. AUTOPSY?	U 20b. IF	res, were findings co	INSIDERED IN CE	RTIFYING
The after the p	RTIFIC	12-29-67 Fra	dure well	quell per	ner	YES NO 12		OF DEATH?		
AN: I or cate ar u		210. ACCIDENT WAS UNDERLYIN FOR CONTRIBUTING CAUSE OF DEAT	G 21b. TIME OF	MIRYO	21c. H	OW INJURY OCCURRED (Enter	noture of injury	in Port 1 or Port 2, I	tern 18.)	
pita pita af f	MEDICAL	(If either, notify medical examin	er)	12- 29 19	67 -	tall				
ING PHYSICIA by the haspital fter this certifica be detached fa state Dept. af H		21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10pt,) 21f. LO	OCATION Street or R.F.D. No.	Sity	Town	County	Stote
de field fie		While Not while of work	Home	-		They Ned	- Moc	(Italy	Cent	140
Afre by Star		22a. I certify that (I) (the saw the deceased a	s haspital) atte	ended the decease	d fram_	d that is /mu) /aux) ani	o/, to Ja	<u>m 3 , 19 </u>	68 , that	(I) (we) last
R: Rel		causes stated abave	, (I) (we) (did)	(did nat) view the t	pady after	death.	man deam d	corred on the da	e ana naur c	ina tram me
Short Short		22b. SIGNATURE		- 1			r6	22c. D	ATE SIGNED	. /
be 1			a	loise	DEGI	REE PHYS.	IED.	STAFF PHYS	-3 -	68
A A L A L A L A L A L A L A L A L A L A		22d. PHYSICIAN'S	O D: 1			22e. ADDRESS				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hay Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in badirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 hou		NAME (Type) Dr. A.				Chesterto		-		
Hou Hou	230.	BURIAL, CREMATION, 23b. I		23c. NAME OF				(City or Town)	(County)	(Stote)
2 2 2	26/	122 002 200	/6/68	Wesle	y Cha	apel Cem.		Hall, M		
VR ATS (4)	24.	FUNERAL DIRECTOR	.000	Chestert	own,	Mal	_		ules Inc	Cott
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MAKILAND STATE DEPARTMENT OF HEALTH

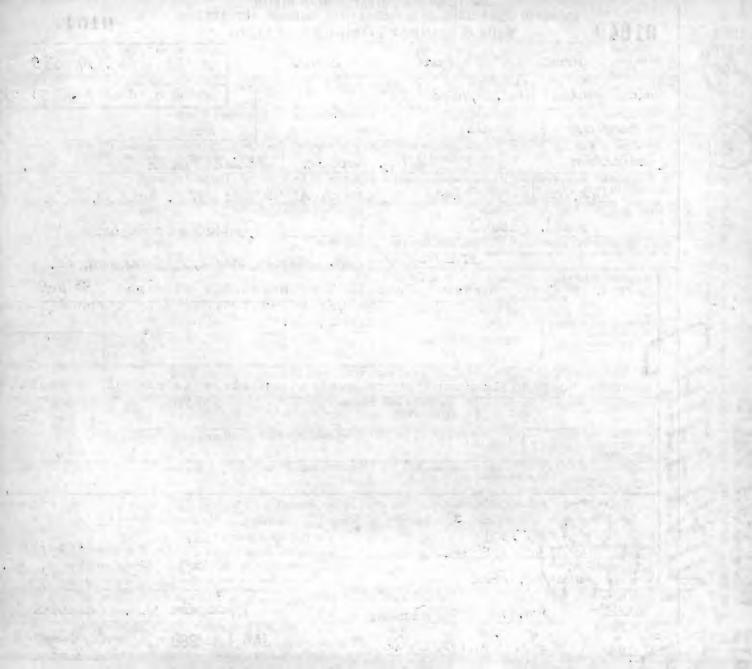


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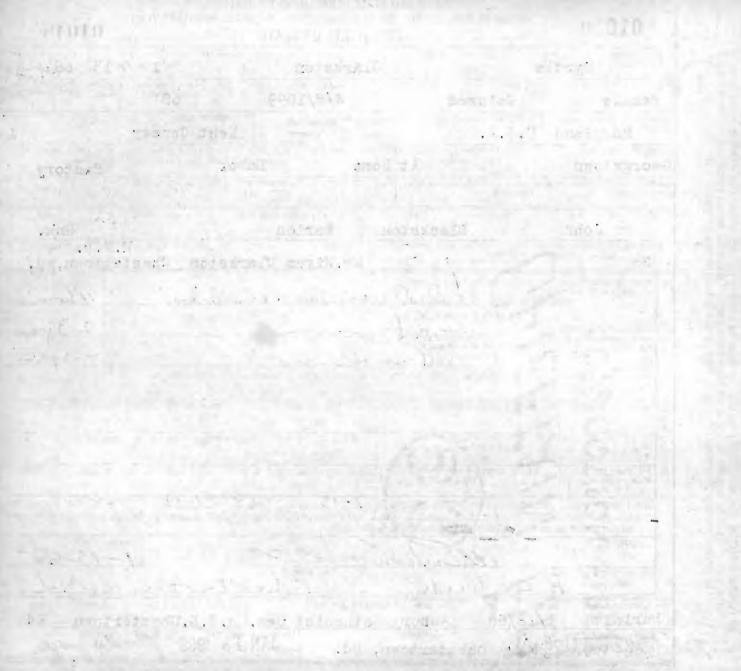
MARYLAND STATE DEPARTMENT OF HEALTH



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		01049 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17
HEALTH DEPT.	1. D	DECEASED-NAME First, Middle Lost 20. DATE KNOWN Month Doy Yo	feor 2b, HOUR
Pod si	,	DEATH MATED Jan. 14	1968 9 PM
de d	3. 5	SEX 4, BACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
any delay 2, and 3 Pog PM3. Pog partruent		100	38 9:30 F
- E &	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA WIDOWED DIVORCED Ken +	
State			Md.
op of	(Chestertown give street oddress) 231 E. Kent St. during most of working the even if retired.) INDUSTRY	Aon.
hours after 18. Gir Office olong 1 and 2 with after death.	130.	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before ISC. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
urs of the office of the offic		odmission) STATE aryland 13b. COUNTY Kent Chestertoun YES \$ NO \(\sigma 231 \) Kent St.	
hours Item 18 Office of Iond 2 v	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
thin 24 niner's pages hours	160	John 1. Carroll Charlotte Savington WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
thin min pag		(Yes, no, or unknown) (If yes give war or dates of service)	14 1
y with perfect Exorem File	-		OXIMATE INTERVAL
be executed "pending" in nief Medical E		I INC. LUCALITY WAS CAUSED BY: APPROPOSE LANGUE CAPATAL AVASELLAR DISEASE CON	N ONSET AND DEATH
Med Med per per		DUE TO, OR AS A CONSEQUENCE OF Flanner of death resembled corona	iry
be "pe "ief ansit		Conditions, if ony, which gove rise to immediate cause (a). (b) thrombosis.	
ony o		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed he word "pending" is to the Chief Medical burial-transit permit.		lost. 420/ (c)	
irote ng ti ded os a os a	25	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Recent hospitalization for removal of multiple lo sigmoid &	recta1
this certificate, writificate, writificate forware be used in removals.	CERTIFICATION		UTOPSY?
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INER: The certification of the	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
= 9 x + co	MET	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
XAM ge 4 your oge crem		WHILE NOT WHILE AT WORK AT WORK to total	
ICAL E executor. Pa for CTOR: buriol,			in my apinian
Se exector. Professional profes	2	death resulted from: Natural causes 🔼 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🔲	
please e l directa retained birecto burecto to burecto		ACTUAL (1) LATTACE CHIEF MEDICAL EXAMINER (1-1110
	-	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED 1	9
O DEPUTY necessary, p the funeral 5 may be n 0 FUNERAL Health price	6	EXAMINER'S Robert W. Fare DEPUTY MEDICAL EXAMINER Chesterto ADDRESS (Street, city, town, or county) Kent Cou	
5 = = 25 = 5	230.	O. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
(7)	0.1	Mary Jan. 18 Crumpton Crumpton Q.A. Mary	land.
VR A15ME (S)	ZA.	FUNERAL DIRECTOR Land & Land - Church - Liel Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.	whoe.
10M REV, 1/68	-	Edgar S. Lane = Church Hill, Md. DATE JAN 18 1968 Journes J	0-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01050 01048 CERTIFICATE OF DEATH DECEASED-NAME Middle lost 20. DATE OF DEATH offer death. requires that the death certificate be executed within 24 haurs after death. by the funeral Pages-Fage Myrtle (Type or print) 13 Year 68 Clarkston 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF LINDER 1 YEAR las bathday) 4/8/1899 Female Colored **ECTOR:** After this certificate has been signed by the attending physician and completely filled in by the shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pagwith the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs, 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Maryland U.S.A. Kent County DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mest of working life, even if retired.) give street address) Pactory Georgetown Home 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? I3e, STREET AND NUMBER 13b. COUNTY YES T NO T 14. FATHER'S NAME TS. MOTHER'S MAIDEN NAME First First Middle John Blackston Marion Unk. Address R. D. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yesho or unknown) Mr. Hiram Clarkston Chestertown . Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSPONENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work causes stated abave, (1) ((did) (view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR director, page should be filed 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION BRIMAVAL Specify) 1/18/68 Md. Asbury Methodist Cem. R.F.D. Chestertown REGISTRAR'S SIGNATUR Chestertown, Md. 30M REV, 1/68



MAKTLAND STATE DEPAKTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01053 01051 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE **b** COUNTY popers. 122 hours after o MARYLAND Maryland Kent b. CITY OR TOWN (.f autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Chestertoum Gallena กับกล e IS RESIDENC d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 ON A FARM? YES ND 🕞 Heck The law requires that the death certificate by executed within NAME OF 4 DATE Day Year DECEASED OF DEATH and in any event, (Type or print) Clifford attending physician and camplet permit. Then please remave car Theodore hudson IF UNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGF (In years IF UNDER 24 HRS. 7. MARRIED TO **NEVER MARRIED** Manths last birthday) Days Haurs WIDDWED XEXTS DIVORCED . hi t.e 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working the, even if refired)
Ret. Building Const. Construction **CBUNTRY?** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, cremat an, ar remaval, J. Lar Hudson Elsie D. Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na. ar unknown) I'll ves give war ar dates of service EXX NO. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART : DEATH WAS CAUSED BY INTERVAL BETWEEN DNSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. WAS AUTOPS PERFORMED? NO I 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Harne, farm 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) (Caunty) (State) Not White Haur a m factory, street, affice bldg, etc.) at wark O FUNERAL DIRECTOR: After 19 68, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 1967, and that death accurred at 546 M, from couses and on the date stated above. saw the deceased alive on.... 22a SIGNATURE 22b DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dick 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (State) Del. Silverbrook Crematory Wilmington, Jan.8, 1968 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Edward Fellows & Son, Millington, Md. 21651



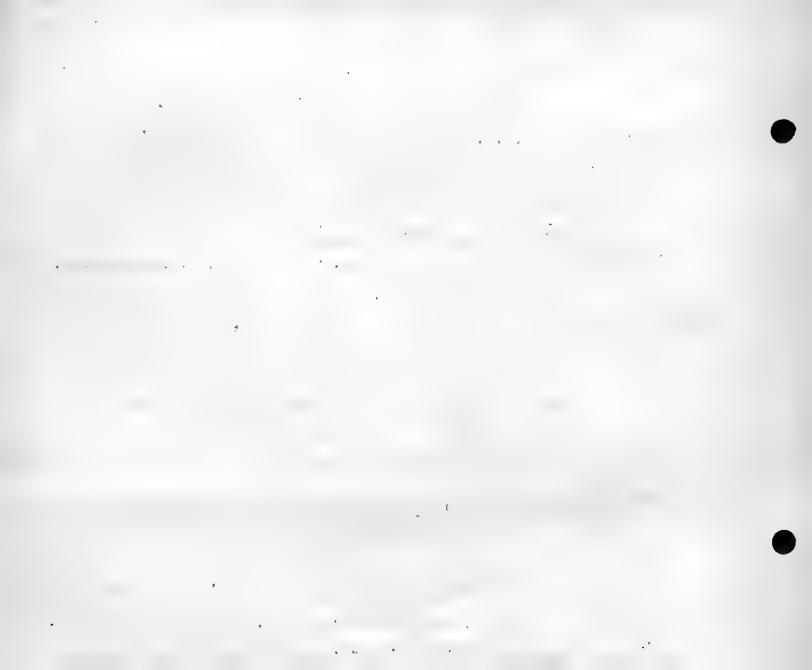
性	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME First Middle Last 2g DATE KNOWN Manth Day Year 12h HOLLR
.× □ ₩ 5	(Type or Print) Anne A Hurd OF ESTI. 1/1/68 19 7 7 M
men delay	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 24 HPS 2C DATE PRONOUNCED DEAD 22 HOUR
P E	female white July 7, 1917 50 YRS MONTHS DAYS MONTHS DAYS MAN Month an. Day Year 1968 M
Je po	70 BIRTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIES NEVER MARRIED 9 COUNTY OF DEATH COUNTRY)
oges Store C	Treland USA WOOWED NORTH RETURNS
e Star	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital during most of working) the even if retired in INDUSTRY 120 USUAL OCCUPATION (Kind of work done linguistry) 120 KIND OF BUSINESS OR during most of working) the even if retired in INDUSTRY 120 USUAL OCCUPATION (Kind of work done linguistry) 120 USUAL OCCUPATION (Kin
offer death	Chestertown Great St. Grea
	odmission) STATE Md. 13b COUNTY Kent Chestertown YES W NO [] 110 Kent St.
them 1 Office 1 and 2 after d	14 FAYHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle Last
24 h in the ris O ris O rs al	?? Murphy Harriett Murphy
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Maryland (Yes, 110, or Julknown) (If yes give wor or do'tes of service) 216 48 5593 Carl A. Hurd - Kent St. Chestertown,
with pee 72	ADDRESS AND
rcuted ing" in dical E simit. F	18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Carcinomatosis
xecu ding hedi pern	174 X DUE TO, OR AS A CONSEQUENCE OF
be ex "pend nief Ma ansit p event	
vord to Chi	Cand trains, flany which gave nse to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
shauld be executed to word "pending" of the Chief Medical burial-transit permit.	lost (c)
s certificate shauld be executed by writing the word "pending" of farwarded to the Chief Medical or used as a burial-transit permit.	PART 2 OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
tifica iting ardec ardec ardec	3 170x
his certificate, writing to farward be used a removal,	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 19b EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of niury in Part 1 or Part 2, Item 18.1)
ER: This certificate, auld be for es. hauld be ronn, ar renton, ar	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of noury in Part 1) or Part 2, Item 18)
INER: 1 e certific shauld b files. 3 shauld atran, a	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d. NJury Occurred 21e. Place of N.Ury (At home, form, street) 21f. LOCATION Street or R.F.D. Ng. Chycr Town County State
AMINER: e the certi e 4 shauld aur files. age 3 shau crematian,	
EXAMINER: cute the certificate of shault ryaur files. ryaur sand: rage 3 shault, cremation, l, cremation,	WHILE NOT WHILE factory, office building, etc.)
VL E Xecu Xecu Par far far rial,	22a. I certify that I took charge of the remains described obave, held an Autapsy [], Inspection [], Inquiry [], and in my aprilian
Se extrar and med a but	death resulted tram: Natural causes 💢 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲
please of director retained.	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 220. DATE SIGNED
ro DEPUTY necessary, the funeral 5 may be ro FUNERAL Health price	EXAMINER'S Robert W. Farr Kent Co. Md DEPUTY MEDICAL EXAMINER Jan. 1, 1968 ADDRESS(Street, city, town, or county)
the Heck	23a BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
1	Buria 1/5/68 Chester Cemetery Chestertown, Md.
VR A15ME (5.	24. F(NERAL D RECTOR ADDRESS Chestertown, Md. DATE JAN 8 1968 Chestertown, Md. DATE JAN 8 1968
10M REV 1/68	Je Willia Willia Williams and Date of the Older



		DIVISION OF, VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	I	tem 8 Film G397 1/MEDICALEXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1 г	PECEASED NAME First Middle Lost 2g DATE KNOWN Manth Day Year 2h HOUR
HEALTH VERY		Type or Print) Of ESTI-
ZEE XX	3 5	
章 all / 圖	lt	7/16/1894 INTOSTORY DATE HOURS MIN Months Day 20 Year CO
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ges for		TTY OP TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITTION (If not in baseling 120 US to OCCUPATION (Kind of work done 120 Kind OF HOSPITAL OR DISTINCT OR
Pa Pa with		F.D. Morgnec give street oddress) At Home during most of working ife, even if retired) IMDUSTRY
ng ng h		USUAL RES DENCE (Where deceosed lived, f institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
I within 24 hours ofter death any detern pencul in Item 18. Give Pages 1, 2, and animars office along with farm PMS. File pages 1 and 2 with the State Department 72 hours after death	0	dmiss on) STATE Maryland to COUNTY Kent Morgnec YES NO T
ours em ffice md2	14	FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle Lost
24 h 10 s 10 s 10 s 10 s		Joshua Caulk Katie Howard
cil in iner		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS R.F.D. ADDRESS R.F.D. 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS R.F.D. A
d within in pencil in pencil in Xaminer File page		No 213-20-40 /9# MI Colatende Divery Ones del comi ma
Paris to the second of the sec		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical III. ansit permit Fevent within		PARTI DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Arteriosclerotic Cardiova scular Disease unknown
exe endi Me t pe		4/29 DUE TO, OR AS A CONSEQUENCE OF Had not been receiving medical care for
be "pe "pe inef		conditions, if only, which gove a time Had not been apparently ill. Was found dead
ould word he Ch ial-tro any	1	storing the underlying couse Sufforth & Constituting of chair. Elderly husband had thought her a-
s certificate should be executed e, writing the word "pending" in forwarded to the Chief Medical sused as a burial-transit permit femoval, and in any event within		lost Slipep
is certificate sho te, writing the v forworded to the e used as a buri removal, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ifica ting ordes ol, o	z	7/1
certif orwor used movo	STIG	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
	CERTIFICATION	YES NO 3d
	150	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 216. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, Item 1B)
NER: T certifica hould b lles. should	MEDICAL	CAUSE OF DEATH P.M. 19
KAMINER: te the certil ge 4 should ge 4 should your files. 'age 3 shoul cremation,	₹.	21d INJARY OCCURRED 21e PLACE OF INJURY (At home, form, street, State factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State)
L EXAMINER: ecute the cert Page 4 should or your files. R: Page 3 should, cremation,		AT WORK AT WORK
DEPUTY (CAL EXA cessary, please execute a funeral director. Page may be retained far you FUNERAL DIRECTOR: Page coulth prior to buriol, critical or the prior to buriol.		22a. I certify that I took charge of the remoins described above, held an Autapsy 🔲, inspection 📑, Inquiry 🔲, and in my apinian
		death resulted fram. Natural causes 🔭 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
please e I director retained DIRECT		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE
EPUTY Ssary, Inneral sy be a NERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER 2 1/14/68
10 DEPUTY necessary, the funera 5 may be TO FUNERA		NAME (Type) Robert W. Farr M. D. ADDRESS(Street, city, town, or county) Chestertown, Md.
D C T T D T	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stole) 1/17/68 Joshua Chaple Cem. R.F.D. Chestertown. Md.
180	1	
A 3 4 VR ATSME (5)	24	The state of the s
4/19/68 NOM REV 1/68		Ignielli Wald Chestertown, Md. DAJAN 2 2 1968 Francis July
17. 17	-	

3 . ₹ 4

	MARYLAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01054
	31956 CERTIFICATE OF DEATH	
E ENM	DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) Lawrence Massey Month	Day14 Year 68 3.3.4
s offer	3 SEX Male Colored S. DATE OF BIRTH 1/20 6 AGE (In year lost birthday)	YRS. IF UNDER YEAR IF UNDER 24 HRS. 79 YRS.
4 hours (in by there. Page 72 haurs	76. CITIZEN OF WHAT COUNTRY? Naryland U.S.A. 8 MARRIED NEVER MARRIED 7. COUNTY OF DEATH Kent Count	t y Md.
physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban paper burial, cremation, ar remaval, and in any event, within 72	10 CITY OR TOWN OF DEATH Still Pond 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) At Home 120. USUAL OCCUPATION (Kind of work during myster of the properties) At Home	done 12b KIND OF BUSINESS OR INDUSTRY
ecuted with campletely love carban y event, will	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before damission) STATE 136. COUNTY 136. COUNT	SER
be exected and control in any	14. FATHER'S NAME First M.ddle Lost IS. MOTHER'S MAIDEN NAME First Mid Willie Massey	idle Last
ertificate by physician ten please aval, and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Add	
rtific phys en p aval,	No. curtis Dorsey Still	Pond Md.
ne death ce affending permit. Th	18. CAUSE OF DEATH (Enter only one cause per line for fo), (b), and (c)) PART I. DEATH WAS CAUSED BY Clearly Vascular accident	BETWEEN ONSET AND GEATH 3 6 hours
he death attendir permit. ian, ar re	IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	
the the sit p	Conditions, if any, which gove (b) Gaterio & clerers. Hyperten vive	
equires that the physician. signed by the a burial-transit pe burial, crematia	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF lost. (c) Gram Syntonia	
requi g phy sign bur	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Positive the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours that the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours.	CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
IAN: The tal ar atl	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or P	Port 2, Item 18.)
IDING PHYSICIAN: 1 by the haspiral ar After this certificate a be detached for u 5 State Dept. of Heal	(If either, notify medical examiner) P.M 19 21a INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D., No. (ity or Town While of work of work 19 or Not while of work 19 or Not while of work 19 or Not while of work 19 or Not work 19	County State
IDING 4 by th After t 1 be de	220. I certify that (I) (this haspital) attended the deceased from 7. 196, to 1.	, 1968, that (I) (we) last
dinections of the theorem	couses stated obove, (I) (we) (did) (did not) view the body ofter deoth.	22c DATE SIGNED
OR ATTENIOR DIRECTOR: A 3 shauld ed with the	Tudolf 7th DEGREE PHYS DIRECTOR STAFF PHYS.	1-17-62
O HOSPITAL OR ATTENI Page 4 may be refained O FUNEAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) Rudolf Eglitis 22e. ADDRESS Rock Hall. Mary	land
O HOS Page 4 O FUN directe	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town Buring's Associaty) 1/19/68 Union Methodist Cem. Worton	
1 74	24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 25b REGIS	Kent Md
VR A15 (4) 30M REV. 1/68	Chestertown, Md. DATJAN 2 2 1968	liarles Judges

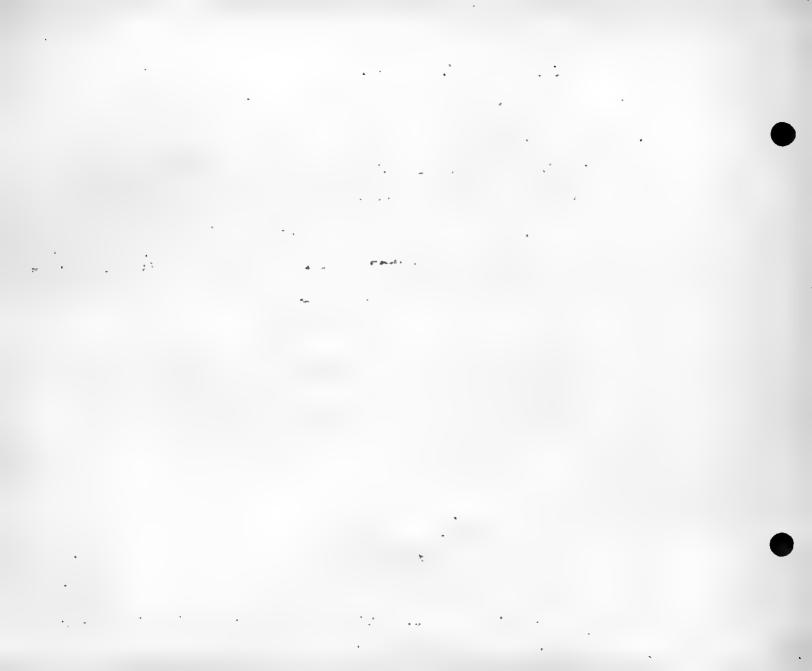


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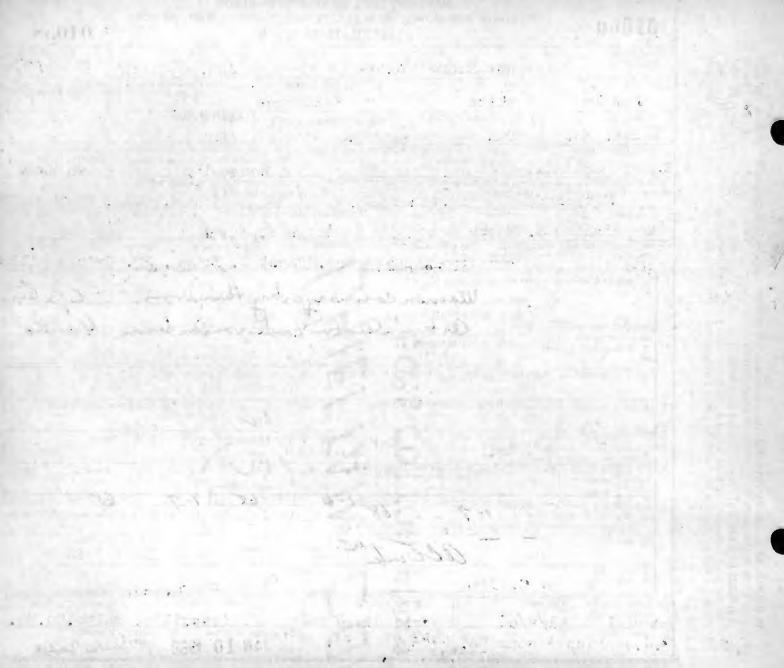
MARYLAND STATE DEPARTMENT OF HEALTH



				D STATE DEPARTA				
h1	31059	DIVISION O				, MARYLAND 21201		
Ł	<u> </u>			ERTIFICATE OF			010	57
1.	DECEASED-NAME (Type or print)	First	Middle	Last	2a. t	DATE OF DEATH	av Year	2b. HOUR
	<u> </u>	Frank	(nmn)	Skirven		nn 26, 1968		2 P.M
3.	SEX	4 RACE		S. DATE OF B	1000 1000	6. AGÉ (In years Past birthday)	MONTHS DAYS	F UNDER 24 HRS HOURS MIN
	male		ite	Jan.		86 YRS		
7a.	BIRTHPLACE (State or fore	*	VHAT COUNTRY?	8. MARRIED NEVER MA	KKIEDĮ I I	NTY OF DEATH		
120	Kent Co.		SA			Kent	Tal VIND OF B	Md.
	CITY OR TOWN OF DEATH FD Chester	t-own giv	s etuant mildraes)	TITUTION (If not in hospital	during most of w	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF 8 INDUSTRY	
- 1	a JSUAL RESIDENCE (Where			Fairlee		red Farmer	OW	ner
≠ adi	mission) STATE Maryl	and 13b. COUNTY		Chestertow		Rural - 1	Fairlee	
/ 14	FATHER S NAME First	Middle	Lost		MA.DEN NAME First	Middle		Last
T	Thoma		rven		geline B			
16	o. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY N		9	Address	Fairle	e
	Yes, no, ar unknown) (1	yes give war or dates of service)	219-34-3	885 Mrs. N	Mabel Ski	rven Ches	tertown	Md
	18. CAUSE OF DEATH (Enter only one couse per	line for (a), (b), and (c).				APPROXIM	ATE INTERVAL SET AND DEATH
	PART I. DEATH WA	CAUSED BY- IMMEDIATE CAUSE (a)		Informatic	i I ald	apr		
	77		AS A CONSEQUENCE OF	0	0	δ		
	Conditions, if any, whice rise to immediate cou							
	stoting the underlying		AS A CONSEQUENCE OF					
	last.	(c)						
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITIO	ON GIVEN IN PART I(0)		
200	190. DATE OF OPERATION	TIOL CONDITION FOR U	/HICH OPERATION WAS PEI	FORMED 20a. AUT	CV2GO	20b IF YES, WERE FINDINGS	CONCIDEDED IN CEL	TIEVING
BCAT	176. DATE OF OPERATION	196. CONDITION FOR F	MICH OFERATION WAS PE	YES T		CAUSES OF DEATH?	CONSIDERED IN CER	AIITING
CEPTIBLATION	21a. ACCIDENT WAS UN	DERLYING 215 TIME	OF INJURY	_		of injury in Part 1 or Part 2,	, Item 18.1	
MFBICAL	FOR CONTRIBUTING CAU	SE OF DEATH HOUR A.N					, ,	
A S	21d INJURY OCCURRED	21a PLACE OF INITIDY		TORY.) 21f. LOCATION Stre	et ar R.F.D. Na.	City or Town	Caunty	State
	White Not while at wark)	OFFICE BUILDING, ETC	1		•		
П	22o. I certify that	(I) (this hospital) a	tended the decease	d from / - 3	, 1945-	to_/- Z-6, 19 eath accurred an the d	9 <u>68</u> , that	(I) (we) lost
	saw the dece	obove, (1) (we) (dic	/- / O]	9.65, and that in (n	ny) (our) opinian d	leath accurred an the d	late and hour a	nd from the
	22b. SIGNATURE	obove, (i) (we) (dic	(did not) view the			220	DATE SIGNED	
	ELG. SIGNATURE		BOX.	DEGREE PHYS	ING MED. DIRECTOR	STAFF D	1/26/68	
	22d. PHYSICIAN'S			22e. AD	DRESS	<u> </u>	1/20/00	
		A. C. Dic	k	Ct	nestertow	m, Md.		
23	o. BURIAL, CREMATION,	23b DATE		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify) Burlal	1/28/68		Pauls' Cen		Chesterto		
24	FUNERAL DIRECTOR	1. 00.	ADDRESS	town, Md.	2Sa. REC'D BY REGIS	TRAR 1988 REGISTRAR	SUSIGNATURE	The same
	J'T U VV	a (l) OX XX	OHESTEL	COALT'S TICT.	DATE		-	



	_							TE DEPARIMI			W 4415 ATAAT		
10			01060 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH									010	58
	O		1 00	CEASED-NAME First		Mid		last	DLAIII	2o. DATE OF	DEATH	0 40	2b. HOUR
	de d				Leand	or Moore		Lusi		Jan.	7, 1968	Year	134 M
	5- 5		3. SE		4. RACE			S. DATE OF BIR	RTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	a de la			female	wh	nite		8/24/	1888		last birthday) 79 YRS.	MONTHS DAYS	HOURS MIN.
	S. Pours		7o. I	SIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY	? 8. MAR	RIED NEVER MARK	RIED 9.	COUNTY OF	DEATH		
	ad in pers.		COU	Balto. Md.	US	SA			CED [Kent			Md.
	filled pope thin 7		10. 0	ITY OR TOWN OF DEATH		11. NAME OF HOSPI give street oddress	TAL OR INSTITUTIO	(If not in haspital	12o. USUAL	OCCUPATION	(Kind of wark done	12b. KIND OF B	USINESS OR
	with ban with	00		ral Rock Ha					Hou	sewif	ife, even if retired.)		Home
	e executed within and campletely firemove carban finany event, with	30	13o. adm	USUAL RESIDENCE (Where deceos sign) STATE Maryland	12L COL	INTV	- 2/		36. INSIDE CITY LIMIT	_	EET AND NUMBER		
	ecui cam ove y ev	30			1	Balt	imore		AA	_ TO	W. Univ	. Parl	
	and rem	4	14. 1	ATHER'S NAME First		ddle	Lost	IS. MOTHER'S MAI			Middle		Last
	s be	,	1/	William H			CECUDITY NO	AL1C	e S. I	Burch	Address		Md.
	ne death certificate b attending physician permit. Then please ian, or removal, and i				or or dates of sei	A. A.	SECURITY NO.		~~* (y Dwo		Owings	
	phy sen			No				Mrs.Er	nest C	, Drc	MIL OLO	APPROXIM	ATE INTERVAL
	The second secon			18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	BY:	110			1	11	0 1	BETWEEN ON	SET AND DEATH
	deat tend mit, or			IMMEDIA	TE CAUSE (o	,	war Co	ronary C	27.400	Them	Marin .	61	zurs,
	he at per			Canditions, if any, which gave)	DUE TO	O, OR AS A CONSEQ	1	Da (N	- 0	1.	111	A >
	at the ratio			rise to immediate cause (a), (DUE TO	D, OR AS A CONSEQU	HENCE OF	no ter (andro	Volume	an alleans	- Hue	ures
	s tha cian. d by I-tran			stoting the underlying cause lost.		c)	OENCE OF						
	equires physicio signed burial-th			PART 2. OTHER SIGNIFICANT COM			TH BUT NOT RELA	FD TO THE TERMINAL	DISEASE OR COM	NDITION GIVEN	I IN PART 1(a)		
	req ng p n si n b		-	4901									
	law re nding been s the iar ta		4TON	190. DATE OF OPERATION 19b.	CONDITION	OR WHICH OPERATIO	ON WAS PERFORME	20a. AUTOF	PSY?		YES, WERE FINDINGS CO	NSIDERED IN CE	RTIFYING
	The after has se as	2	CERTIFICATION					YES 🗀	NO Z	CAUSES	OF DEATH?		
	arte arte ealt			210. ACCIDENT WAS UNDERLYIN		TIME OF INJURY		Tc. HOW INJURY OCCU	URRED (Enter n	nature of injur	y in Part 1 or Part 2, I	tem 18.)	
	respital ar certificate thed for us		DICAL	or contributing Cause of DEAT	ner) HOUI	R A.M. Manth Di P.M.	19	3-2					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after		MEDI	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF II	UURY (AT HOME, FARA OFFICE BUILDIN	M, STREET, FACTORY.)	11f. LOCATION Street	or R.F.D. No.	City	ar Town	County	State
	DING J by th After t J be de			22a. certify that (1) (th	is haspita	i) attended the	deceased from	1-62			1-7 19	60 that	(I) (we) last
	Aff d b			saw the deceased a causes stated above	live an	1-7	1968	, and that in (my	(aur) apini	ian death a	ccurred on the do	te and haur o	ind fram the
	A Sold H			causes stated above 22b. SIGNATURE	, (I) (we)	(did) (did nat) v	iew the bady o	tter death.			1 22.	DATE SIGNED	
	REC 3 S			ZZD. SIGNATUKE		181	15.1	DEGREE PHYS.	G XX DIR	D.	CTACC	./7/68	
	Day be			22d. PHYSICIAN'S		Cel	ruge	22e. ADDI	9230			.77700	
	RAIL Pope	1			C.	Dick			Ches	sterto	own Md		
	HOSPITAL OR ATTEN ige 4 may be retained FUNERAL DIRECTOR: rector, page 3 shauld hauld be filed with the	Λ	23n	BURIAL, CREMATION, 23b.	DATE	23c.	NAME OF CEMETER	Y OR CREMATORY		23d. LOCATIO	N (City or Town)	(County)	(State)
	Pag 5	V	T	m = 14 @ 14 1 1 1 1 1	9/68	ח	ruid R	ldge			ville. E	Balto.C	o.Md.
	VPA	N	24.	FUNERAL DIRECTOR			ADDRESS YOR		2Sa. REC'D BY	REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	30M REV	188	H.	w.Jenkins &	Sons	Co. 49	My Tor	n. Itu .	DATE JAN	10 1	968 Miles	rules Ju	42



2	MARTLAND STATE DEPARTMENT OF HEALTH Of 061 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01059
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b HOUR
Z, and 3 to PM3. Page	(Type or Print) Edgar Tramell OF ESTI- DEATH MATED 1 11 19 68 IN
eloy	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 24 Hrs. 2c, DATE PRONOUNCED DEAD lost brithdey) MONTHS DAYS HOURS MAIN MONTH DOY 2 Year CO. 2011
orth orth	Mate Colored 10/6/1907 60 vrs. 1 11 1968 4w
Dep Dep	76. BIRTHPLACE (Stote or foreign Country) Ala U.S.A. WIDOWED DIVORCED VENT COUNTY OF DEATH WIDOWED DIVORCED MARRIED MA
th ges fare	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
hours ofter death them 18. Give Pages 1, 2, c Office along with farm PM Cond 2 with the State Deport ofter death.	Quaker Neck Estate give street oddress) At Home during roost of working (life, even if retired.) Warious
	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13d. STREET AND NUMBER
18. 18. 2 will	odmission) STATE 13b. COUNTY TWO Greaker Peck Color VES NO
hours ofter Item 18. Gi Office along Iond 2 with ofter death	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	Fletcher Tramell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS D TO TO
bould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's riol-transit permit. File pages n ony event within 72 hours	(Kes, no, or unknown) (If yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. P. D. 18. P. D.
d with the Exam File n 72	
be executed "pending" in rief Medicol E unsit permit. F event within	18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c) erotic Cardiovascular Disease PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IN A THE CONTROL OF COURT OF
Med not v	4/0, 9 DUE TO OR AS A CONSEQUENCE OF Was brought home from job, with indiges
be "pe "pe ansi	Conditions, if ony, which gove (b) tion, chest pain & shortness of breath. Rfused med-
should be en word "perion the Chief buriol-transit in ony ever	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF attention a died about 5:30 152
she v he v to th	last. (c)
This certificate should cate, writing the word be forworded to the C be used os a buriol-tr ir removal, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
certifi v writi orword used c	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
his certifia ate, writin e forword be used o removal,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\text{NO.} \text{ NO.}
生力 马马	
ther: 1 e certific should b files. 3 should ation, a	CAUSE OF DEATH P.M. 19
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
2 2 2 2 2	
rcal B executor. Po ed for CTOR: burial,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner
please ey l director. retained L DIRECTO	CHIEF MEDICAL EXAMINER
Ty pleasy, y, pleasy and direction to prior to	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
DEPUTY reessary, p e funeral may be re FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER Jan. 12 1968
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Health pr	NAME (Type) Robert W. Farr ADDRESS(Street, city, town, or county) Chestertown, Md.
ひったいちま	230. BURIAL, CREMATION, REMOVAL (Specify) 231. LOCATION (City or Town) (County) (Stote) Caina Cem. 232. NAME OF CEMETERY OR CREMATORY Chambers Co. Ala.
	24 FUNERAL DIRECTOR A ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68	Townstruction Chestertown, Md. DayAN 18 1968 Milarles Judges
1000 000 1100	

